

**OCCUPATIONAL THERAPY
SELF ASSESSMENT
MIDTERM PROGRESS REPORT**

Student's Name: _____ Date: _____

Fieldwork Supervisor: _____

Facility: _____

Days Absent: _____ Reason for Absence: _____

Alternate days completed to satisfy attendance requirements: _____

What has been the best part of the fieldwork experience?

What have you liked the least about the fieldwork experience?

What are your strengths at this fieldwork site?

What are the areas in which you need to improve?

What are your goals and/or plans regarding the areas that need improvement?

What was your midterm score on the Fieldwork Performance Evaluation? _____

How did you feel that process went?

Other comments:

Student's Signature

Fieldwork Supervisor's Signature

Complete and fax or mail to Jeanette Koski at end of 6th week of FW. Attach additional pages as needed.